

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **5752**

FILED MAR 2 1950

BIRTH NO. _____		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5978		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY Polk				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Johnson Twp.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Johnson Twp.			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) Andrew		b. (Middle) J.		c. (Last) Mayfield	
4. DATE OF DEATH		(Month) Feb.		(Day) 18		(Year) 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 4-1863		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James F. Mayfield		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE, Mary A. Mayfield			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Jack Mayfield		ADDRESS Humansville, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				427?			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from June 1869 , to February 1950 , that I last saw the deceased alive on 2-10 , 1950, and that death occurred at 12:45 P. m. , from the cause and on the date stated above.							
23a. SIGNATURE H. H. Robinson		(Degree or title) md		23b. ADDRESS Humansville Mo		23c. DATE SIGNED 2/18/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 20, 1950		24c. NAME OF CEMETERY OR CREMATORY Heaviside Cem.		24d. LOCATION (City, town, or county) (State) Vernon Co., Mo.	
DATE REC'D BY LOCAL REG. Feb 20, 1950		REGISTRAR'S SIGNATURE Ralph Gardner		25. FUNERAL DIRECTOR'S SIGNATURE Edw. Primm		ADDRESS Humansville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7,
District File Number 2-50-150
Date Filed 3-1-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Wm. H. Anthony

Signed _____
Student Embalmer

Licensed Embalmer No. 4747

P. O. Address Himansville, N.C.

Note: The above, MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.